

**THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF MISSOURI
SOUTHERN DIVISION**

PETER D. KINDER,
MISSOURI LIEUTENANT GOVERNOR, et al.,)

Plaintiffs,)

v.)

TIMOTHY F. GEITHNER,
SECRETARY OF TREASURY, et al..)

Defendants.)

Cause No: 1:10-cv-00101-RWS

AFFIDAVIT OF MARK F. (THOR) HEARNE, II
AFFIRMING SERVICE OF PROCESS UPON DEFENDANTS

I, Mark F. (Thor) Hearne, II, am over the age of eighteen (18) years, of sound mind and capacity, and I make this Affidavit on the basis of my personal knowledge.

1. Pursuant to FRCP 4(i)(1)(A)(i), on July 13, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to the Department of Health and Human Services a copy of the Summons and Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit A."

2. Pursuant to FRCP 4(i)(1)(A)(i), on July 13, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to Kathleen Sebelius, Secretary of the Department of Health and Human Services, a copy of the Summons and Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit B."

3. Pursuant to FRCP 4(i)(1)(A)(i), on July 13, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to Hilda L. Solis, Secretary of the

Department of Labor, a copy of the Summons and Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit C."

4. Pursuant to FRCP 4(i)(1)(A)(i), on July 15, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to the Department of Labor a copy of the Summons and Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit D."

5. Pursuant to FRCP 4(i)(1)(A)(i), on July 15, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to the U.S. Attorney's Office a copy of the Summons and Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit E."

6. Pursuant to FRCP 4(i)(1)(A)(i), on July 15, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to the Department of Justice a copy of the Summons and Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit F."

7. Pursuant to FRCP 4(i)(1)(A)(i), on July 15, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to Eric H. Holder, Jr., Attorney General, a copy of the Summons and Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit G."

8. Pursuant to FRCP 4(i)(1)(A)(i), on July 21, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to Timothy F. Geithner, Secretary of Treasury, a copy of the Summons and Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit H."

9. Pursuant to FRCP 4(i)(1)(A)(i), on August 25, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to the Department of Health and Human Services a copy of the Summons and Amended Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit I."

10. Pursuant to FRCP 4(i)(1)(A)(i), on August 25, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to the Department of Labor a copy of the Summons and Amended Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit J."

11. Pursuant to FRCP 4(i)(1)(A)(i), on August 26, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to Kathleen Sebelius, Secretary of the Department of Health and Human Services, a copy of the Summons and Amended Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit K."

12. Pursuant to FRCP 4(i)(1)(A)(i), on August 26, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to Hilda L. Solis, Secretary of the Department of Labor, a copy of the Summons and Amended Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit L."

13. Pursuant to FRCP 4(i)(1)(A)(i), on August 27, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to the Eric H. Holder, Jr., Attorney General, a copy of the Summons and Amended Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit M."

14. Pursuant to FRCP 4(i)(1)(A)(i), on August 27, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to the Department of Justice a

copy of the Summons and Amended Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit N."

15. Pursuant to FRCP 4(i)(1)(A)(i), on September 9, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to Timothy F. Geithner, Secretary of Treasury, a copy of the Summons and Amended Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit O."

16. Pursuant to FRCP 4(i)(1)(A)(i), on September 9, 2010, I caused to be delivered by the U.S. Post Office via certified mail return receipt requested to the Department of Treasury a copy of the Summons and Amended Complaint in this case. A true and accurate copy of the return receipt is attached as "Exhibit P."

I swear and affirm the foregoing statements are true and accurate to the best of my knowledge and belief, subscribed and sworn to before me, a Notary Public within and for said county and state, this 10th day of November, 2010.



Mark F. (Ther) Hearne, II

Notary Public:

My Commission Expires:


January 8, 2012

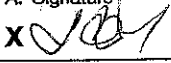
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X  <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
		B. Received by (Printed Name) Lawrence	C. Date of Delivery 7-13-10
1. Article Addressed to: <div style="text-align: center;"> U.S. Department of Health & Human Services 200 Independence Avenue, SW Washington, DC 20201 </div>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7007 0220 0000 4373 2689	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

Exhibit A

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Kathleen Sebelius Secretary of HHS U.S. Department of Health & Human Services 200 Independence Avenue, SW Washington, DC 20201		B. Received by (Printed Name) <i>[Signature]</i>	C. Date of Delivery 7-13-10
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)			
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540			

Exhibit B

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Hilda L. Solis</i></p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Hilda L. Solis Secretary of Labor U.S. Department of Labor 200 Constitution Avenue, NW Washington, DC 20210</p>		<p>B. Received by (Printed Name)</p> <p><i>Hilda L. Solis</i></p>	<p>C. Date of Delivery</p> <p><i>7/13/10</i></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>7007 0220 0000 4373 2627</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

Exhibit C

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">U.S. Department of Labor 200 Constitution Avenue, NW Washington, DC 20210</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> S.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7007 0220 0000 4373 2641</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

Exhibit D

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">U.S. Attorney's Office ATTN: Ronald C. Machen Judiciary Center Building 555 Fourth Street, NW Washington, D.C. 20530</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 1.5em;">JUL 15 2010</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7007 0220 0000 4373 2603</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-34-1540	

Exhibit E

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <div style="text-align: center;"> U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530-0001 </div>		B. Received by (Printed Name)	C. Date of Delivery <div style="text-align: center;"> JUL 15 2010 </div>
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7007 0220 0000 4373 2634	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Exhibit F

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <div style="text-align: center;"> Eric H. Holder, Jr. Attorney General U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530-0001 </div>		B. Received by (Printed Name) _____ C. Date of Delivery _____ D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <div style="text-align: center; font-size: 1.5em; transform: rotate(-15deg); opacity: 0.5;">JUL 15 2010</div>	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7007 0220 0000 4373 2665	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

Exhibit G

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>H. Middleton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Timothy F. Geithner Secretary of Treasury U.S. Department of the Treasury 1500 Pennsylvania Avenue, NW Washington, D.C. 20220</p>		<p>B. Received by (Printed Name) JUL 27 2010</p> <p>C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7007 0220 0000 4373 2658</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

Exhibit H

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <i>Dora Kicks</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>U.S. Dept. of Health & Human Services 200 Independence Avenue, SW Washington, DC 20201</p> <p style="margin-left: 300px;">700-E</p>		<p>B. Received by (Printed Name) C. Date of Delivery <i>DORA KICKS</i> <i>8-25-10</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7005 0390 0002 5293 1422</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

Exhibit I


[Home](#) | [Help](#) | [Sign In](#)
[Track & Confirm](#)
[FAQs](#)

Track & Confirm

Search Results

Label/Receipt Number: 7005 0390 0002 5293 1460
Status: **Delivered**

Your item was delivered at 11:06 am on August 25, 2010 in WASHINGTON, DC 20210. A proof of delivery record may be available through your local Post Office for a fee.

Additional information for this item is stored in files offline.

[Track & Confirm](#)

Enter Label/Receipt Number.

[Go >](#)
[Restore Offline Details >](#)

[Return to USPS.com Home >](#)
[Site Map](#)
[Customer Service](#)
[Forms](#)
[Gov't Services](#)
[Careers](#)
[Privacy Policy](#)
[Terms of Use](#)
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No FEAR Act EEO Data

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USPS is committed to providing the highest quality of service to our customers.



USPS is committed to providing the highest quality of service to our customers.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

2. Article Number

(Transfer from service label)

7005 0390 0002 5293 1460

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Edward D. Sieger

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Edward D. Sieger

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Exhibit J


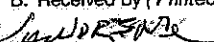
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Kathleen Sebelius Secretary of HHS U.S. Dept. of Health & Human Services 200 Independence Avenue, SW Washington, DC 20201</p>		<p>B. Received by (Printed Name) </p>	<p>C. Date of Delivery 8-26-10</p>
		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7002 0860 0000 1050 5633</p>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

Exhibit K

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Hilda L. Solis Secretary of Labor U.S. Department of Labor 200 Constitution Avenue, NW Washington, DC 20210</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number</p> <p>(Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7005 0390 0002 5293 1453</p>		<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

Exhibit L


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Eric H. Holder, Jr. Attorney General U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530-0001		B. Received by (Printed Name) AUG 27 2010	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7002 2410 0006 1323 8887	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

Exhibit M

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
1. Article Addressed to: U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530-0001		B. Received by <i>(Printed Name)</i> AUG 27 2010	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7002 2410 0006 1323 8894	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

Exhibit N

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>A. Middleton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: Timothy F. Geithner Secretary of Treasury U.S. Department of the Treasury 1500 Pennsylvania Avenue, NW Washington, D.C. 20220		B. Receiver City (Printed Name) SEP 09 2010	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7005 0390 0002 5293 1439			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

Exhibit O

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>M. M. [Signature]</i> <div style="float: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
		B. Received by <i>[Signature]</i> SEP 09 2010	C. Date of Delivery
1. Article Addressed to: U.S. Department of the Treasury 1500 Pennsylvania Avenue, NW Washington, D.C. 20220		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number <i>(Transfer from service label)</i>		4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

Exhibit P